

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447
Name: OXY USA Inc.
Address P.O. Box 26100

City/State/Zip Oklahoma City, OK 73126-0100
Purchaser: KP&L
Operator Contact Person: Jerry Ledlow
Phone (405) 749-2309
Contractor: Name: Duke Drilling Co.
License: 5929
Wellsite Geologist: Harold Trapp

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover:
Operator: Skelly Oil Co.
Well Name: Sooter A #1
Comp. Date 8/26/65 Old Total Depth 12-18-95
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.
8/8/95 8/13/95 9/25/95
REENTRY
Date of REENTRY Date Reached TD Completion Date

API NO. 007-01046-00-9
County Barber
SE NW-NE-SW Sec. 2 Twn. 34S Rge. 14 XW
3000 FNL Feet from X(N) (circle one) Line of Section
3440 FEL Feet from (E)X (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)
Lease Name Sooter B "OWWO" Well # 1
Field Name Aetna
Producing Formation Mississippi
Elevation: Ground 1677 KB 1690
Total Depth 5295 PBTD 5234
Amount of Surface Pipe Set and Cemented at 373 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set Feet
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.
Drilling Fluid Management Plan REENTRY JN 3-11-96
(Data must be collected from the Reserve Pit)
Chloride content 1200 ppm Fluid volume 500 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name
Lease Name License No.
 Quarter Sec. Twp. S Rng. E/W
County Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title Staff Analyst Date 12/15/95
Subscribed and sworn to before me this 14th day of December, 1995
Notary Public [Signature]
Date Commission Expires 7-14-99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/REP NGPA
 KGS Plug Other
(Specify)

Operator Name AMCO OXY. USA Inc.

Lease Name Sooter B Well # 8
 County Barber

Sec. 2 Twp. 34S Rge. 14 East West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 Minilog, Acoustic Cement Bond Log,
 Z-Densilog Compensated neutron Spectrlog,
 SBN Enhanced Deconvolution Dual Induction Focused Log

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

CASING RECORD

New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs/Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Production	7 7/8"	5 1/2"	14	5294	50/50	2%gel	2% CaCl ₂ 5% HALAD-322

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specified Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Materials Used)	Depth
2	4726-4790, 4830-4862	Acidized w/2000 gal 7.5% FE	
		Frac w/75,400 gal N2 foam &	
		128,000# 12/20 Brady sand	

TUBING RECORD Size 2 3/8 Set At 4887 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. 9/10/95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3	11	6		

Disposition of Gas: Vented Sold Used on Lease
 (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval 4726-4862



ORIGINAL

INVOICE

INVOICE NO.	DATE
835368	08/12/1999

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
SOOTER "B" 1		BARBER		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
PRATT	DUKE DRILLING #5	CEMENT PRODUCTION CASING 5 1/2"		08/12/1999	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
659167	TIMOTHY J. VOSS	E-26		COMPANY TRUCK	9495

OKY USA INC.
REGIONAL OFFICE
ATT: G. I. MCFARLAND
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO
P.O. BOX 1598
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
	DISCOUNT - (BID)				3,410.16
	INVOICE BID AMOUNT				5,236.94
	* KANSAS STATE SALES TAX				171.75
	* PRATT COUNTY SALES TAX				35.05
<p>91573478 X 23601/724</p> <p><i>Epifora</i> 8/28/99</p> <p>✓ ✓ <i>Q</i></p>					
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					5,443.74

APPENDIX JOB TRK

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account plus all collection and court costs.



INVOICE

ORIGINAL

INVOICE NO.	DATE
835368	08/12/199

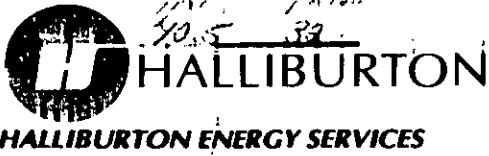
WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
BOOTER "B" 1	FARBER	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
PRATT	DUKE DRILLING #5	CEMENT PRODUCTION CASING	08/12/199
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
659167	TIMOTHY J VOSS	E-26	
			SHIPPED VIA
			COMPANY TRUCK
			FILE NO
			9495

OXY USA INC.
REGIONAL OFFICE
ATT: G. I. MCFARLAND
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO
P. O. BOX 1598
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	110 MI		2.75	302.50
		1 UNT			
001-016	CEMENTING CASING	5295 FT		1,895.00	1,895.00
		1 UNT			
018-315	MUD FLUSH	500 GAL		.65	325.00
12A	GUIDE SHOE - 5 1/2" 8RD THD	1 EA		121.00	121.00
825-205					
24A	INSERT FLOAT VALVE - 5 1/2" 8RD	1 EA		110.00	110.00
815-19251					
27	FILL-UP UNIT 5 1/2" - 6 5/8"	1 EA		55.00	55.00
815-19313					
40	CENTRALIZER 5-1/2" X 7-7/8"	12 EA		60.00	720.00
806-60022					
350	HALLIBURTON WELD-A	1 EA		14.50	14.50
890-10802					
030-016	CEMENTING PLUG 5W ALUM TOP	5 1/2" IN		60.00	60.00
		1 EA			
019-241	CASING SWIVEL W/O WALL CLEANER	1 JOB		185.00	185.00
504-316	CEMENT - HALL LIGHT STANDARD	100 SK		8.03	803.00
507-210	FLOCELE	25 LB		1.65	41.25
504-131	CEMENT - 50/50 POZMIX PREMIUM	230 SK		7.53	731.90
509-968	SALT	1350 LB		.15	202.50
507-775	HALAD-322	93 LB		7.00	651.00
509-406	ANHYDROUS CALCIUM CHLORIDE	2 SK		36.75	73.50
507-210	FLOCELE	58 LB		1.65	95.70
500-207	BULK SERVICE CHARGE	359 CFT		1.35	484.65
500-306	MILEAGE CMTG MAT DEL OR RETURN	816.42 TMI		.95	775.60
INVOICE SUBTOTAL					8,647.10

***** CONTINUED ON NEXT PAGE *****



HAL-1906-N

CHARGE TO: OXY U.S.A. INC.
 ADDRESS:
 CITY, STATE, ZIP CODE:

CUSTOMER COPY

TICKET

No. **835368 - 6**

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>25555</u>	WELL/PROJECT NO. <u>B-1</u>	LEASE <u>SCOTER</u>	COUNTY/PARISH <u>BARBER</u>	STATE <u>KS.</u>	CITY/OFFSHORE LOCATION	DATE <u>8-12-95</u>	OWNER <u>SHAW</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>DUKE DRILLING</u>	RIG NAME/NO. <u># 5</u>	SHIPPED VIA <u>P.T. WELL SITE</u>	DELIVERED TO	ORDER NO.	
3. WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>135 INT PROD CSC</u>	WELL PERMIT NO. <u>15-007-010460000</u>	WELL LOCATION <u>2-345-140</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>000-117</u>		<u>1</u>			<u>MILEAGE</u>	<u>110</u>	<u>miles</u>			<u>2.75</u>	<u>302.50</u>
<u>101-016</u>		<u>1</u>			<u>PUMP CHARGE</u>	<u>6 hrs</u>	<u>5295 hr</u>			<u>1895.00</u>	<u>1895.00</u>
<u>118-315</u>		<u>1</u>			<u>MUD FLUSH</u>	<u>500</u>	<u>gal</u>			<u>.65</u>	<u>325.00</u>
<u>12A</u>	<u>825.205</u>	<u>1</u>			<u>GUIDE SHOE</u>	<u>1</u>	<u>EA.</u>	<u>512</u>		<u>121.00</u>	<u>121.00</u>
<u>24H</u>	<u>815.19251</u>	<u>1</u>			<u>INSERT FRONT VALVE</u>	<u>1</u>	<u>EA.</u>	<u>512</u>		<u>110.00</u>	<u>110.00</u>
<u>27</u>	<u>615.19313</u>	<u>1</u>			<u>FILL-UP UNIT</u>	<u>1</u>	<u>EA.</u>	<u>512</u>		<u>55.00</u>	<u>55.00</u>
<u>40</u>	<u>706.60027</u>	<u>1</u>			<u>CENTRALIZERS</u>	<u>12</u>	<u>EA.</u>	<u>512</u>		<u>60.00</u>	<u>720.00</u>
<u>350</u>		<u>1</u>			<u>WELD-IN</u>	<u>1</u>	<u>EA.</u>			<u>14.50</u>	<u>14.50</u>
<u>630-016</u>		<u>1</u>			<u>TOP PLUG 5 W ALUM.</u>	<u>1</u>	<u>EA.</u>	<u>512</u>		<u>60.00</u>	<u>60.00</u>
<u>619-241</u>		<u>1</u>			<u>CHANGING SINTER</u>	<u>1</u>	<u>EA.</u>	<u>512</u>		<u>185.00</u>	<u>185.00</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Timothy J. Voss

DATE SIGNED: 8-13-95 TIME SIGNED: 00:30

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE <input type="checkbox"/>	PAGE TOTAL <u>3788.00</u>
TYPE LOCK DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	
BEAN SIZE SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	FROM CONTINUATION PAGE(S) <u>4859.10</u>
TYPE OF EQUALIZING SUB. CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>8647.10</u>
TUBING SIZE TUBING PRESSURE WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	
TREE CONNECTION TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): Timothy J. Voss

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X Timothy J. Voss

HALLIBURTON OPERATOR/ENGINEER: KEVIN P. GARDNER 02500

HALLIBURTON APPROVAL: Kevin P. Gardner



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATIONMAD (CONJ)
PRATT, KS

BILLED ON TICKET NO.

835368

WELL DATA

FIELD: _____ SEC: 2 TWP: 34S RNG: 14W COUNTY: BARBER STATE: KS

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
 PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	14	5 1/2	0	5295	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>INSERT FLOAT</u>	<u>1</u>	<u>HOWCO</u>
FLOAT SHOE <u>FRL-UP UNIT</u>	<u>1</u>	<u>HOWCO</u>
GUIDE SHOE	<u>1</u>	<u>HOWCO</u>
CENTRALIZERS	<u>12</u>	<u>HOWCO</u>
BOTTOM PLUG		
TOP PLUG <u>5W ALUM.</u>	<u>1</u>	<u>HOWCO</u>
HEAD <u>P. MARKS</u>	<u>1</u>	<u>HOWCO</u>
PACKER		
OTHER <u>CASING SWIVER</u>	<u>1</u>	<u>HOWCO</u>

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-12</u>	DATE <u>8-12</u>	DATE <u>8-12</u>	DATE <u>8-12</u>
TIME <u>1400</u>	TIME <u>1800</u>	TIME <u>2130</u>	TIME <u>0100</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. GORDLEY</u>	<u>40033</u>	<u>PRATT, KS</u>
<u>C. BRUER</u>	<u>51936</u>	<u>PRATT, KS</u>
<u>L. CHAMBER</u>	<u>3711-748</u>	<u>PRATT, KS</u>
<u>G. ZTZ</u>	<u>PRATT, KS</u>	

MATERIALS

TREAT: FLUID _____ DENSITY _____ LB/GAL. °API _____
 DISPL: FLUID _____ DENSITY _____ LB/GAL. °API _____
 PROP. TYPE _____ SIZE _____ LB. _____
 ACID TYPE _____ GAL. _____ % _____
 SURFACTANT TYPE _____ GAL. _____ IN _____
 NE AGENT TYPE _____ GAL. _____ IN _____
 FLUID LOSS ADD. TYPE _____ GAL. LB. _____ IN _____
 GELLING AGENT TYPE _____ GAL. LB. _____ IN _____
 FRIC. RED. AGENT TYPE _____ GAL. LB. _____ IN _____
 BREAKER TYPE _____ GAL. LB. _____ IN _____
 BLOCKING AGENT TYPE _____ GAL. LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER: _____
 OTHER: 500 gal MUDFLUSH

DEPARTMENT: CEMENT
 DESCRIPTION OF JOB: UNIT 5 1/2 PROP. CEMENT
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN:
 CUSTOMER REPRESENTATIVE: X Timothy J. Jones
 HALLIBURTON OPERATOR: K. GORDLEY
 COPIES REQUESTED: _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIONS	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>100</u>	<u>NCC</u>		<u>B</u>	<u>1/4 #1/8 FLOCC</u>	<u>1.69</u>	<u>13.1</u>
	<u>230</u>	<u>50-50 PREM. POZ.</u>		<u>B</u>	<u>1/4 #1/8 FLOCC, 12% SALT, 1% CC, 5% H-322</u>	<u>1.30</u>	<u>14.3</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____
 ORDERED _____ AVAILABLE _____ USED _____
 TREATING _____ DISPL _____ OVERALL _____
 FEET: 40.2 REASON: INSERT FLOAT

SUMMARY

VOLUMES: DESCO
 PRESFLUSH: 12 GAL. TYPE: MUDFLUSH
 LOAD & BKDN: BBL. GAL. _____ PAD: BBL. GAL. _____
 TREATMENT: BBL. GAL. _____ DISP: BBL. GAL. 128.2
 CEMENT SLURRY: 30 + 53.2 = 83.2 GAL.
 TOTAL VOLUME: BBL. GAL. _____
 REMARKS: PUMP TIME = 45 MIN

CUSTOMER: _____ LEASE: _____ WELL NO: _____ JOB TYPE: _____ DATE: 8-12-95

STATE OF KANSAS - CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

12-1-95

TYPE TEST: Deliverability Open Flow TEST DATE: 11-16-95

COMPANY: OXY USA, INC. LEASE: SOOTER 'B' WELL NO.: 1

COUNTY: BARBER LOCATION: SW SECTION: 2 TWP: 14S R1G: 14W ACRES: 2

FIELD: AETNA RESERVOIR: MISSISSIPPI PIPELINE CONNECTION: WESTERN GAS/KPI

COMPLETION DATE: 8-95 PLUG BACK TOTAL DEPTH: 5234 PACKER SET AT: NONE

CASING SIZE	WT.	I.D.	SET AT	PERF.	TO
5 1/2	14.0	5.012	5294	4726	4862
TUBING SIZE	WT.	I.D.	SET AT	PERF.	TO
2 3/8	4.7	1.995	4871		

TYPE COMPLETION (Describe): SINGLE GAS TYPE FLUID PRODUCTION

PRODUCING THRU CASING: RESERVOIR TEMPERATURE F: 138 @ 4794 BAR. PRESS - P_a: 14.4 Psia

GAS GRAVITY - G_g: .688 % CARBON DIOXIDE: W/NITROGEN: API GRAVITY OF LIQUID:

VERTICAL DEPTH (H): 4794 TYPE WATER CONN.: Flange (METER RUN) (PROVER) SIZE: 2"

SHUT-IN PRESSURE: SHUT IN 11-12 19 95 @ 0930 (AM)(PM) TAKEN 11-15 19 95 AT 0930 (AM)(PM)
11-15 19 95 @ 0930 (AM)(PM) TAKEN 11-16 19 95 AT 0930 (AM)(PM)

FLOW TEST: STARTED 19 AT (AM)(PM) TAKEN 19 AT (AM)(PM)

OBSERVED DATA

DURATION OF SHUT-IN _____ HR.

SHUT-IN OR FLOW	ORIFICE SIZE In.	(METER) (PROVER) PRESSURE psig	DIFF. In. (h _w)(h _d)	FLOWING TEMP. t	WELL-HEAD TEMP. t	CASINO WELLHEAD PRESS.		TUBING WELLHEAD PRESS.		DURATION HOURS	LIQUID PROD. Bbls.
						psig	(P _w)(P _i)(P _c) psia	psig	(P _w)(P _i)(P _c) psia		
SHUT-IN						325.4	339.8			72	
FLOW	5/8	105	14	51	74	251.5	265.9			24	

RATE OF FLOW CALCULATIONS

COEFFICIENT (P _i)(P _w) / Mcfd	(METER) (PROVER) PRESSURE psia	EXTENSION √P _m h _w	GRAVITY FACTOR F _g	FLOWING TEMP. F _L	DEVIATION FACTOR F _{pv}	RATE OF FLOW R Mcfd	GOR	G _m
1.91	119.4	40.9	1.206	1.009	1.014	96.5	0	0.000

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = 115.5 ; (P_w)² = 70.7 ; P_d = 78.3 % ; (P_c - 14.4) + 14.4 = 339.8 ; (P_w)² = 0.207 ; (P_d)² =

(P _c) ² - (P _w) ² or (P _c) ² - (P _d) ²	(P _c) ² - (P _w) ²	$\frac{P_c^2 - P_d^2}{P_c^2 - P_w^2}$	LOG []	"n"	n x LOG []	ANTILOG	OPEN FLOW DELIV. CAPABILITY EQUATION R x ANTILOG Mcfd
115.3	44.8	2.575	0.4108	0.6810	0.2797	1.904	184

OPEN FLOW 184 Mcfd @ 14.65 psia DELIVERABILITY Mcfd @ 14.65 psia

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Executed this the 16TH day of NOVEMBER, 1995.

Witness (if any)
For Commission

PRECISION WELL TEST
STEVE HELM

15-007-01046-00-01
STATE OF KANSAS - CORPORATION COMMISSION **FORM CG-1**
MULTIPOINT BACK PRESSURE TEST

TYPE TEST: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special		TEST DATE: 11-15-95			
COMPANY OXY USA INC		LEASE 'SOOTER 'B'		WELL NO. 1	
COUNTY BARBER	LOCATION SW	SECTION 2	TWP 34S	RNG 14W	ACRES
FIELD AETNA	RESERVOIR MISSISSIPPI	PIPELINE CONNECTION WESTERN GAS/KPL			
COMPLETION DATE 8-95		PLUG BACK TOTAL DEPTH 5234		PACKER SET AT NONE	
CASING SIZE 5 1/2	WT. 14.0	ID 5.012	SET AT 5294	PERF. 4726-4862	TO
TUBING SIZE 2 3/8	WT. 4.7	ID 1.995	SET AT 4871	PERF.	TO
TYPE COMPLETION (Describe) SINGLE GAS			TYPE FLUID PRODUCTION NONE		
PRODUCING THRU CASING		RESERVOIR TEMPERATURE F 138 @ 4794		BAR PRESS - P _a 14.4 Psia	
GAS GRAVITY - G _g .688		% CARBON DIOXIDE N/A		% NITROGEN N/A	
VERTICAL DEPTH (M) 4794		TYPE METER CONN. FLA		(METER RUN) (PROVER) SIZE XXXX 2"	
REMARKS					

OBSERVED DATA

RATE No.	ORIFICE SIZE In.	(METER) (PROVER) PRESSURE psig	DISP. (h _w) (hd)	FLOWING TEMP. t	WELL-HEAD TEMP. t	CASING WELLHEAD PRESS.		TUBING WELLHEAD PRESS.		DUR-ATION HOURS	LIQUID PROD. Bbls.
						psig	(P _w)(P _i)(P _o) psia	psig	(P _w)(P _i)(P _o) psia		
SHUT IN						325.4	339.8			72.0	0.0
1	5/8	102	1.0	56	74	324.1	338.5			1.0	0.0
2	5/8	108	12.0	48	74	316.5	330.9			1.0	0.0
3	5/8	114	32.0	48	74	304.8	319.2			1.0	0.0
4	5/8	226	40.0	56	74	283.9	298.3			1.0	0.0
5											

RATE OF FLOW CALCULATIONS

RATE NO.	COEFFICIENT (F _o)(F _p) Moid	(METER) (PROVER) PRESSURE psia	EXTENSION $\sqrt{P_m \times h_w}$	GRAVITY FACTOR F _g	FLOWING TEMP FACTOR F _t	DEVIATION FACTOR F _{pv}	RATE OF FLOW Q Moid	GOR	G _m
1	1.91	116.3	10.8	1.206	1.004	1.013	25.3	0	0.688
2	1.91	122.2	38.3	1.206	1.012	1.015	90.7	0	0.688
3	1.91	128.8	64.2	1.206	1.012	1.016	152.2	0	0.688
4	1.91	240.5	98.1	1.206	1.004	1.028	233.6	0	0.688
5									

PRESSURE CALCULATIONS

RATE NO.	P _i psia	P _o psia	P _w psia	(P _o) ² THOUSANDS	(P _w) ² THOUSANDS	PLOTTING POINTS		% SHUT-IN $100 \frac{P_w - P_a}{P_o - P_a}$
						(P _o) ² - (P _w) ² THOUSANDS	Q Moid	
1	338.5	339.8	338.5	115.5	114.6	0.9	25.3	99.6
2	330.9	339.8	330.9	115.5	109.5	6.0	90.7	97.3
3	319.2	339.8	319.2	115.5	101.9	13.6	152.2	93.7
4	298.3	339.8	298.3	115.5	89.0	26.5	233.6	87.2
5								

INDICATED WELLHEAD OPEN FLOW 636.6 Moid @ 14.65 psia "G" = 0.681

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Executed this the 15TH day of NOVEMBER 1995

Witness (if any) _____
 For Commission _____
 RECEIVED NOV 27 1995
 PRECISION WELL TESTING
 For Company STEVE HELM
 Checked by _____

BACK PRESSURE CURVE

OPERATOR: OXY USA INC

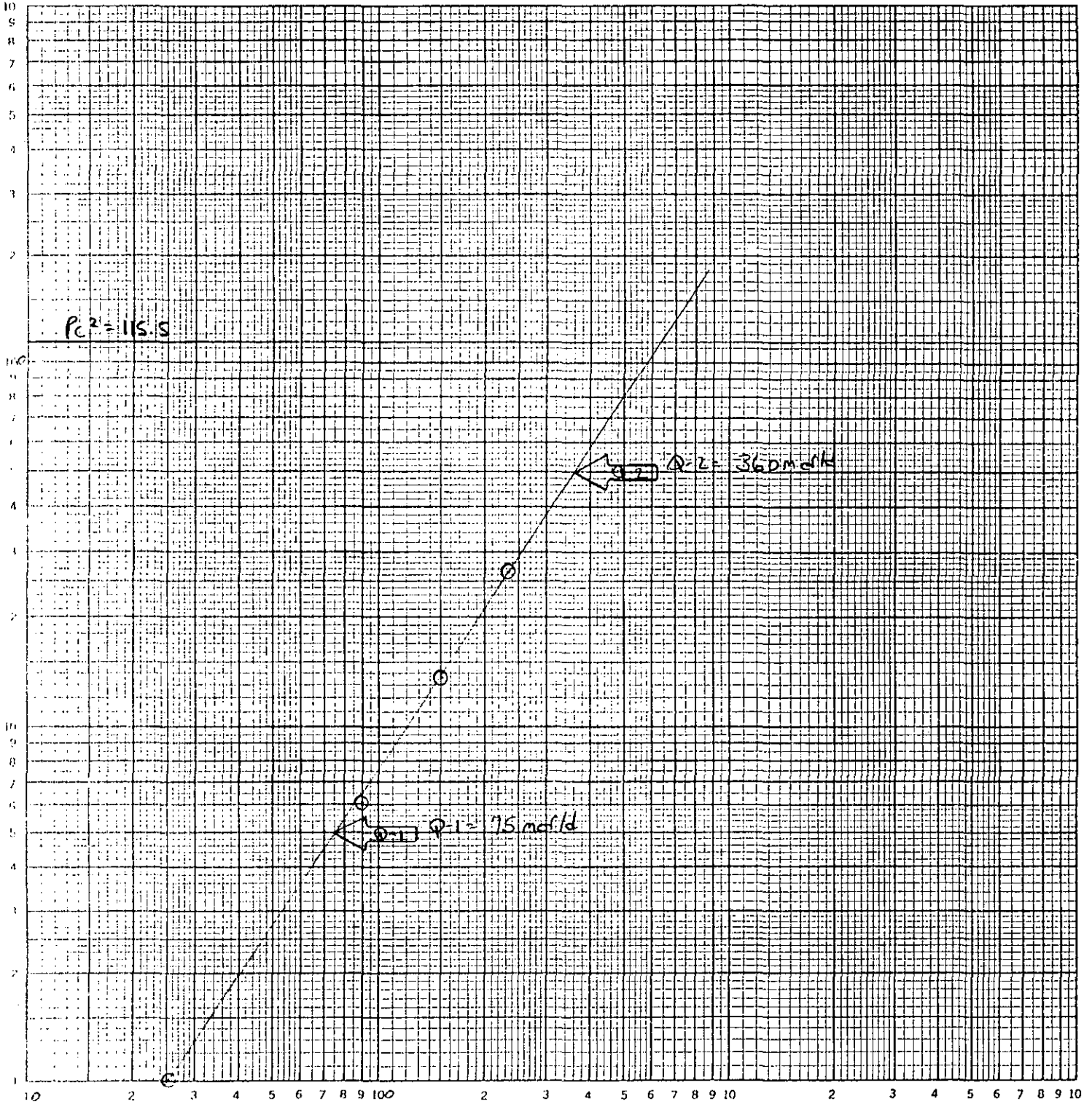
DATE OF TEST: 11-15-95

WELL NAME: SOOTER 'B' #1

TYPE OF PLOT: _____

LOCATION: 2-34S-14W

COUNTY: BARBER STATE: KS



Q in MCF/DAY

LOG Q-2 = 2.556

LOG Q-1 = 1.875

'n' = .681

Precision Well Testing

P.O. BOX 1843
 LIBERAL, KANSAS 67905-1843
 PHONE: 316-624-4505
 MOBILE: 316-624-6258 UNIT 9390

PRODUCER OXY USA INC
 WELL NAME SOOTER 'B' #1
 LOCATION SW 2-34S-14W
 COUNTY BARBER STATE LS

CSG 5 1/2 WT 14.0 SET 5294 TD _____ PB 5234 GL _____
 TBG 2 3/8 WT 4.7 SET 4871 SN _____ PKR _____ KB _____
 PERFS. 4726 TO 4862 TO _____ TO _____ TO _____
 PROVER _____ METER 2" TAPS FLA ORIFICE .625 PCR _____ TCR _____
 GG .688 API _____ GM _____ RESERVOIR MISSISSIPPI

DATE TIME OF READING	ELAP TIME HOURS	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST:	INITIAL ANNUAL	SPECIAL RETEST	ENDING DATE	
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS. PSIG	DIFF.	TEMP	Q MCF/D	COND. BBL.	WATER BBL.					REMARKS PERTINENT TO TEST DATA QUALITY
WEDNESDAY 11-15-95																	250# 50" 0-150 ⁰ % CHART	
0900	72.0	325.4																
0930		WELL ON 1ST RATE OF MULTI-PT. TEST THROUGH METER RUN.																
0945		324.4	-1.0					101.2	1.0	57	25							
1000	.5	324.3	-0.1					101.6	1.0	56	25							
1015		324.3	0					101.6	1.0	56	25							
1030	1.0	324.1	-0.2					101.9	1.0	56	25	0	0					
1030		WELL ON 2ND RATE OF MULTI-PT. TEST THROUGH METER RUN.																
1045		321.5	-1.7					105.0	12.5	40	93							
1100	1.5	319.4	-2.1					105.8	12.0	47	90							
1115		318.1	-1.3					106.9	12.0	47	91							
1130	2.0	316.5	-1.6					107.8	12.0	48	91	0	0					
1130		WELL ON 3RD RATE OF MULTI-PT. TEST THROUGH METER RUN.																
1145		313.6	-2.9					108.7	35.0	47	155							
1200	2.5	309.7	-3.9					110.2	33.0	47	151							
1215		307.2	-2.5					110.8	32.5	48	153							
1230	3.0	304.8	-2.4					114.4	32.0	48	152	0	0					
1230		WELL ON 4TH RATE OF MULTI-PT. TEST THROUGH METER RUN.																
1245		299.6	-5.2					237.6	41.5	56	238							
1300	3.5	293.1	-6.5					231.4	41.5	56	235							

